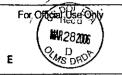
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E MS DRU	
1. File Number U - 25/3-9	2. Fiscal Year Covered From:
V	1 / 1 / 2005 Through: 12 / 31 / 2005,
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Darold Horras	Name Machinists Local Lodge #1526
•	Labor Organization File Number 042-638
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 49
Street 1099 Cherry Ave	Street 610 8th Ave.
City Marengo	City Conroy
State Iowa ZIP Code + 4 52301	State Iowa ZIP Code + 4 52220
5. Position in labor organization. Local Lodge Conductor-Senting	el
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent.
Name Maytag Corp.	Reimbursement of expenses for attending trade show.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 39	
	7.b. Amount.
Street 403 West 4th St. North	
City Newton	\$1,370
State Iowa ZIP Code + 4 50208-0039	
ei_	1
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Darold Horras	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	- Labor Occasionation
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	_ c. Employer _
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	1
Street	
City 1	Approximate dollar value of such dealing. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name (,
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	<u> </u>
State ; ZIP Code + 4	
13.b. ts the Business an Employer or Consultant ?	14.b. Amount of payment.

File Number U-